



BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES (WWS)
CUSTOMER SERVICE CENTER
 2555 WEST COPANS ROAD, BLDG. 1
 POMPANO BEACH, FL 33069
 (954) 831-3250 • water@broward.org

ATTACHED:
 ① PHOTO ID (S)
 ② SUPP DOCS
 By _____
 Date _____

COMMERCIAL APPLICATION FOR UTILITY SERVICE

(1) COMMERCIAL APPLICANT INFORMATION

PROPERTY TYPE: Apartment Business Condo Other _____

BUSINESS NAME: _____

BUSINESS OWNER NAME: _____ BUSINESS CONTACT NAME: _____

PHOTO ID: APPLICANT: _____ (_____) _____
TYPE STATE NUMBER

REP. (if applicable): _____ (_____) _____
TYPE STATE NUMBER

PROPERTY ADDRESS: _____
STREET CITY STATE ZIP + 4

MAILING ADDRESS: _____
SAME AS ABOVE STREET CITY STATE ZIP + 4

PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____

E-MAIL ADDRESS: _____ ENROLL IN E- STATEMENTS YES NO

FEDERAL TAX ID NO: _____ OCCUPATIONAL LICENSE NO: _____

(2) PROPERTY OWNER INFORMATION

PROPERTY OWNERSHIP DOCUMENT ATTACHED

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____
STREET CITY STATE ZIP + 4

MAILING ADDRESS: _____
STREET CITY STATE ZIP + 4

PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____

E-MAIL ADDRESS: _____

DATE OF PURCHASE: _____ MONTH / DAY / YEAR FOLIO NO: _____ SUB-DIVISION: _____

(3) LEASE AGREEMENT (TENANT) INFORMATION

LEASE AGREEMENT ATTACHED

DATE LEASE STARTS: _____ MONTH / DAY / YEAR DATE LEASE ENDS: _____ MONTH / DAY / YEAR LENGTH: _____

APPLICANT AGREEMENT: I AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME AT THE ABOVE NOTED PROPERTY. I AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY BROWARD COUNTY WATER AND WASTEWATER SERVICES. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAW, BROWARD COUNTY ORDINANCES AND REGULATIONS, AND BROWARD COUNTY WATER AND/ OR WASTEWATER SERVICES PROCEDURES AND GUIDELINES.

APPLICANT UNDERSTANDS THAT TYPE OF BUSINESS OF THIS ACCOUNT MAY IMPACT ESTIMATED MAXIMUM UTILITY DEMAND AND PREMISE'S CAPITAL RECOVERY RATE. THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.

X _____ **DATE** _____

FOR INTERNAL USE ONLY:

_____ \$ _____
CUSTOMER NO. UAZ PREMISE NO. SECURITY DEPOSIT CS REP